

UNITED STATES DISTRICT COURT
FOR THE
SOUTHERN DISTRICT OF ILLINOIS

FILED

DEC 08 2014

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
EAST ST. LOUIS OFFICE

Plaintiff(s)
KEVIN PHELPS
VS.

Case Number: 14-891-JPG

Defendant(s)
C/O Phillips, et al.

MOTION FOR PRELIMINARY INJUNCTION &
TEMPORARY RESTRAINING ORDER

Please See attach Papers!

I Kevin Phelps, am the plaintiff in this motion for a, Preliminary Injunction & Temporary Restraining Order. My Constitutional Rights are continue to be violated, by I.D.O.C. & Lawrence C.C., violating my 14 Amendment; Procedural due process rights regarding punishment, 8 Amendment; Cruel and Unusual Punishment, deliberate indifference, failure To Protect, failure to classify inmates and separate the particularly violent or vulnerable, & Violation of THE AMERICANS WITH Disabilities ACT, by housing NONE ADA inmates in A A.D.A cell For ADA inmates puts my life & safety in danger, plus the ADA cell is For one ADA inmate.

I am a ADA inmate confined to a wheelchair, I was assaulted by a NONE ADA inmate that was placed in a ADA cell with me, on 7-6-13, I am still being put in danger, by the I.D.O.C, & Lawrence c.c., by still placing NONE ADA inmates in ADA cells with paraplegia, where I have NO way of defending myself from another assault. I have had NONE ADA inmates that they place

IN a ADA cell with me, threat me with dumping
me out of my wheelchair, beating me up, & they be
taking things from me, because I can't help myself, I
Spoke with C/O's and they never do anything, but put another
NONE ADA inmate in the ADA cell with me, continue
to put my life & safety in Jeopardy, The ADA cell is
only for one ADA inmate. I even wrote to the Warden,
I also wrote to inmates issues for the I.D.O.C., and
was told by them to request to be placed into protective
custody, I also Spoke with Internal Affairs Officers,
and Social workers, and I wrote grievances about being
placed into protective custody, and was told that there
is NO protective custody here, the Warden also told me
that he is not sending me to protective custody cause
it's too much paper work to do, which have me living
in constant fear. I have again been assaulted and
Sexual abused, by ORANGE CRUSH (Tactical Team) I filed a
grievance about it, the counselor told me to write a

2nd grievance about the issue, because the first grievance got too much information in it, and that it would maybe come up missing, so I filed a 2nd grievance with less details, I have been harassed by the C/O's and the Warden here. I ask the court to issue a TRO & INJUNCTIONS for, TO only have me in a ADA cell with another ADA inmate, TO have me placed into protective custody for my safety, TO have the C/O's & Warden stop harassing me, or to be transfer to a facility that house ADA inmates with ADA inmates, & TO be free of retaliation from this facility.

STATE OF ILLINOIS)
COUNTY OF Lawrence) SS
)

AFFIDAVIT

I, Kevin Phelps being first duly sworn upon my oath depose and state that the following matters are both true and correct made upon personal knowledge and belief, and if called as a witness, I am competent to testify thereto: Subject: Sexual Abuse & Assault.

Summary Of Incident: I am disable and confine to a wheel chair, I am a member of, American With Disability Act (ADA). I would be very thankful if your office will report this incident to PREA OFFICIALS, Prison Rape Elimination Act (PREA). ON 7-7-14, at approximately 11:00 A.M, at Lawrence Correctional Center, I.D.O.C. tactical team, in cell House Two (2) C-wing, Strip Searched me in a demeaning manner, which was very sexual humiliating, the officers was making sexual indignant comments. The c/o that was strip searching me said "Since you can't stand up, you got to get in your bed and roll over so I can check your ass hole to make sure you ain't hiding anything up there since you can't stand and cough"; I got in the bed, then the c/o put his finger in me, I then said this ain't right, the c/o then stated "you probably can't feel it anyway", the other c/o started laughing, I ask to speak with a L.T. or Nurse, the c/o told me to Shut the fuck up and get back in your wheelchair, I ask again to see a L.T. or nurse, the c/o then told the other c/o "take him in the shower and beat his ass", the one c/o only hit me two times in the side with the stick and handcuffed my hands behind my back and told me to be quite and keep your head down or I will come back and beat your ass, for reasons unknown to me, I followed all the Officers orders, at no time did I refuse.

Again like above, I was physically assaulted and sexually assaulted by tactical team officers, The officers made numerous threats, The officers had no regards for my disability, many of the officers threats had a

Affidavit (continued) Page 2 of 2

Racial over tone. I do not know who the officers are, because they came from all over the State and they had NO name tags nor badges on. I did recognize Warden Moore, he was present. Warden Moore, never stop what was going on. I am asking for an investigation into this matter and to be compensated. Thank you very much for your help and understanding, in this cruel and unusually punishment, which violate my United States Constitution.

[14 blank lines]

Signed:

Kevin Phelps
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE
ME THIS 19th DAY OF August, 2014
Notary: Cathy J Gray



R2/C52

Date: 7-17-14	Offender: (Please Print) Kevin Phelps	ID#: K78191	
Present Facility: Lawrence C.C.	Facility where grievance issue occurred: Lawrence C.C.		
NATURE OF GRIEVANCE:			
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input checked="" type="checkbox"/> Disability A.D.A. inmate
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input checked="" type="checkbox"/> Other (specify): Sexual Abuse and Assault	
<input type="checkbox"/> Disciplinary Report: / /		Date of Report	Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.

Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: Subject: Sexual Abuse & Assault. Summary of incident: I am disable and confine to a wheelchair, I am a member of THE AMERICAN WITH DISABILITY ACT (ADA). I would be very thankful if your office will report this incident to PREA officials, Prisons Rape Elimination Act (PREA) on 7-7-14, at Lawrence Correctional Center, at approximately 11:00 A.M., I.D.O.C. tactical team, in cell house Two, wing C, strip searched me in a demeaning manner, which was very Sexual humiliating, the officers was making sexual indignant comments. The c/o that was

Relief Requested: Report this incident to PREA officials & an investigation into this matter, I would like to be compensated for the cruel & unusual punishment that I experienced & to be transfer for my safety & health.

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Kevin Phelps

Offender's Signature

K78191 7,17,14

ID#

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date

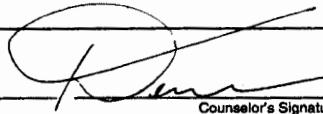
Received: 7/24/14

Send directly to Grievance Officer

Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: The Tactical Team shakedown procedure was facilitated for policy and administrative direction.


Print Counselor's Name


Counselor's Signature

9/3/14 Date of Response

EMERGENCY REVIEW

Date

Received: / /

Is this determined to be of an emergency nature?

Yes; expedite emergency grievance

No; an emergency is not substantiated.
Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

/ /

Date

Strip Searching me said, "Since you can't stand up, you got to get in your bed and roll over so I can check your ass hole, to make sure you ain't hiding anything up there since you can't stand and Cough." I got in the bed then the c/o put his finger in me, I then said this ain't right, the c/o then stated, "you probably can't feel it anyway," the other c/o started laughing, I ask to speak with a L.T. or nurse, the c/o told me to shut the fuck up and get back in your wheelchair, I ask again to see a L.T. or nurse, the c/o then told the other c/o "take him in the shower and beat his ass," the one c/o only hit me two times in the side with the stick and handcuffed my hands behind my back and told me "to be quite and keep your head down or I will come back and beat your ass," For reasons unknown to me, I followed all the officers orders at no time did I refuse. Again like above, I was physically assaulted and sexually assaulted by tactical team officers, the officers made numerous threats, the officers had no regards for my disability, many of the officers threats had a racial over tone, I do not know who the officers are, because they came from all over the State and they had no name tags nor badges on, I did recognize Warden Moore, he was present, Warden Moore never stop what was going on. I am asking for an investigation into this matter and to be compensated. Thank you very much for your help and understanding in this cruel and unusually punishment which violate my UNITED STATES CONSTITUTION.

Date: 7-30-14	Offender: (Please Print) Kevin Phelps	ID#: K78191
Present Facility: Lawrence C.C.	Facility where grievance issue occurred: Lawrence Correctional Center	
NATURE OF GRIEVANCE: 8-14-124		E748 Cruel & Unusual Punishment
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input type="checkbox"/> Medical Treatment <input checked="" type="checkbox"/> Disability ADA inmate <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> HIPAA <input type="checkbox"/> Disciplinary Report: / / Date of Report _____		<input type="checkbox"/> Other (specify): Sexual Abuse and Assault on an ADA inmate

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: LAWRENCE C.C.

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.

Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

AUG 2 9 2014

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: I am disable and confine to a wheel-chair, I am a member of American with disability Act(ADA) I would be very thankful if your office will report this incident to PREA officials, (Prison Rape Elimination Act) PREA. On July 7, 2014 at about 11:00 AM during Crush, Strip searched me in a demeaning manner which was very sexual humiliating. The officers was making sexual indignart comments. The officer said, "for the other officers to take me into the handicap shower and beat my ass" for reasons unknown to me, I followed all

Relief Requested: Report this incident to PREA officials and an investigation into this matter. I would like to be compensated for this matter & the cruel & unusual punishment that I experienced, (cont'd)

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Kevin Phelps

Offender's Signature

K78191

7-30-14

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 8-11-14

Send directly to Grievance Officer

Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: 1711 Search chores are conducted per ADA & IDP, policy & administrative directive.

/ J. auver

Print Counselor's Name

Counselor's Signature

8-18-14

Date of Response

EMERGENCY REVIEW

Date Received: 8-4-14

Is this determined to be of an emergency nature?

Yes; expedite emergency grievance
 No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

St. W.

Chief Administrative Officer's Signature

8-4-14

Date

the officers orders, at no time did I refuse in the handicapped shower I was physically assaulted by orange crush officers. The officer made numerous threats, I then ask for a nurse and Supervisor to no avail. The Officer had no regard for my disability, many of the officers threats had a racial over tone. I do not know who the officers are because they had no name tags or badges on. I did recognize Warden Moore, he was present, warden moore, Never stop (what was going on). ~~orange~~

Additional Relief: To be free of retaliation from the officers in the Southern District of ILLINOIS Department of Correctional (Orange crush) To BE Transferred, To have this grievance heard at the highest level, because I fear for my safety, life & health here, I also will like to speak to T.A., To make a police Report against the orange crush.

25-CL-(

Offender: Phelps Last Name Kewen First Name MI MI K78191 ID#

Facility: Lawrence CC

Grievance: Facility Grievance # (if applicable) _____ Dated: 10/20/13 or Correspondence: Dated: _____

Received: 11/19/13 Date Regarding: PC _____

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- Provide dates of disciplinary reports and facility where incidents occurred.
- Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

- Contact your correctional counselor regarding this issue.
- Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- Contact the Record Office with your request or to provide additional information.
- Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

- Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- This office previously addressed this issue on _____ Date _____
- No justification provided for additional consideration.

Other (specify): PC is not available at your facility level
Contact your counselor or internal affairs

Completed by: Billie W. Greer
Print Name

Billie W. Greer
Signature

12/9/13
Date

Distribution: Offender
Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev. 4/2013)

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

RJ CL 22

Date: <u>12/08/14</u>	Offender: <u>100-00000000</u>	ID#: <u>100-00000000</u>
Present Facility: <u>LAWRENCE TWP JAIL</u>	Facility where grievance issue occurred: <u>LAWRENCE TWP JAIL</u>	

NATURE OF GRIEVANCE:

Personal Property Mail Handling Restoration of Good Time ADA Disability Accommodation
 Staff Conduct Dietary Medical Treatment HIPAA
 Transfer Denial by Facility Transfer Denial by Transfer Coordinator Other (specify) Protective Custody Denial

 Disciplinary Report: / /

Date of Report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I am a protective custody inmate at Lawrence Township Jail. I have been placed in protective custody because I am considered a threat to myself. I do not know who is doing this to me. I am a paranoid schizophrenic that is prone to auditory hallucinations. In the case that I have several emergencies here, one of the paramedics will come with the guys who put me in a restraints chair and also during here, my room-mate is also trying to bully me. I should not be in front of my life when I spoke to the supervisor there. I think they said "it isn't nothing they have to admit it to F.R.B. or grievance".Relief Requested: To be placed into protective custody, to speak with someone about my condition, and to be compensated if I am attack or assault in anyway because of denied placement protective custody confinement. Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature

ID#

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 6/10/14 Send directly to Grievance Officer Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277Response: Protective (vis/sof), no, I am not able to LCC.PCF is an administrative decision, I don't know.NOV 13 2014

Print Counselor's Name

Counselor's Signature

Date of Response 6/30/14

EMERGENCY REVIEW

Date Received: 12/08/14

Is this determined to be of an emergency nature?

Yes; expedite emergency grievance
 No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

Date

I am writing to you regarding my complaint to the Commissioner of Corrections dated 12/08/14, regarding my recent release from the Missouri Department of Corrections. I am writing to you because I am currently serving my sentence at the Missouri Department of Corrections, and I am not present at the clean bill, therefore I am unable to sign it. I am not present at the clean bill, therefore I am unable to sign it. I am unable to sign it, because it has been signed here. Could you please write me or my family back letting me know if I can file this grievance? Thank you very much for your assistance. With situations at hand, I look forward to hearing from you soon.

Sincerely yours,

CC: U.S. Department of Justice

cc: ATTORNEY: James Harrison

cc: Senator Dick Durbin